

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999,

Application or Docket Number

9/560603

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE O		OR	OTHER THAN OR SMALL ENTITY		
FOR			BER FILED NUMBER EX			RATE) 	RATE	FEE	
BASIC FEE							345.00	OR		690.00	
TO	TAL CLAIMS	18	minus 20=	• .		X\$ 9:	= /	OR	X\$18=		
IND	EPENDENT CLA	ams /	minus 3 = '			X39=	34	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							= //	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTA	1 384	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMAI	SMALL ENTITY OR		OTHER THAN SMALL ENTITY		
V		(Column 1) CLAIMS REMAINING		HIGHEST NUMBER			ADDI-]		ADDI-	
AMENDMENT /		AFTER AMENDMENT	F	PREVIOUSLY PAID FOR	PRESENT EXTRA	RATI	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 21	Minus •	20	=	X\$ 9	=	OR	X\$18=		
	Independent	NTATION OF MU		IDENT OLAM	=	X39:	=	OR	X78=		
	FIRST PRESE	VIATION OF MC	CHPLE DEPEN	NDENT GLARM		+130	=	OR	+260=		
]						TO ADDIT, F		OR	TOTAL ADDIT. FEE		
	·	(Column 1)		(Column 2)	(Column 3)			_ :			
AMENDMENT B	10/184	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total W	\cdot	Minus		=	X\$ 9	=	OR	X\$18=		
AME	Independent	NTATION OF M	Minus /	NDENT CLAIM	=	X39:	=	OR	X78=		
H	FINST FRESE	MATONOLAN	DETIT EE DET EI	NOCITI ODAW		+130	=	OR	+260=		
	•					TO ADDIT. F	TAL	OR	TOTAL ADDIT. FEE		
L		(Column 1)		(Column 2)	(Column 3)			_			
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RAT	ADDI- E TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	**	a .	X\$ 9	= ·	OR	X\$18=		
AME	Independent			···	=	X39	=	OR	ẍ́78=		
-	FIRST PRESE	NTATION OF M	OLITPLE DEPE	NUENT CLAIM	·	+130)=	OF	+260=		
" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE								OŖ	TOTAL		
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE											

FORM PTO-875 (Rev. 12/99)